ATTORNEY'S INVOICE

Statement of Services Rendered

(PLEASE TYPE)								
Send Invoice to: BOARD OF PRISON TERMS 1515 K Street, Suite 600		PRISONER/PAR CDC No:	HEARING DISPOSITION: Hearing conducted					
		Location & Tin	ne of Hearing	Lifer Revocati Revocation Ext				SVP
		, Revocation Ext. — IVIDO					5 v i	
Sacramento, CA 95814						/parolee waiv		
					Hearing Other:	continued/po	stponed.	
DATE OF SERVICE*			DESCRIPTION OF SERV	ICE DEN				HOURS
DATE OF SERVICE.		DESCRIPTION OF SERVICE RENDERED						HOOKS
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			f service, and the description of the e and correct. I also certify that I am			TOTAL HOURS		
service rendered as set forth above are true and correct. I also certify that I am duly licensed to practice before all courts of the State of California and that I am an active member of the State Bar of California.							LY RATE	\$30.00
*Separate invoices must be submitted for overlapping Fiscal Years beginning July 1 and ending June 30.							BILLING	
			an original signature	in blue	ink			
				, in orac	S.S. NUMBE	D		DATE
ATTORNEY AT LAW	(SIGN.	AIURE)**	URE)** NAME					DATE
				CITY	STATE BAR	#	TOTATE.	ZID
ADDRESS NO. & S	STREE	T	Change of address	CITY			STATE	ZIP
			DEPARTMENTAL APPR	OVAL				
SIGNATURE			TITLE			D	ATE	
<u> </u>		+	1					

BPT 1076 (Rev. 06/03)